



REGIONAL PARTNERSHIP GRANTS

GRANT PERIOD: 2018–2023

PRESERVING FAMILIES AND PROTECTING CHILDREN

LEAD AGENCY: Family Support Services of North Florida, Inc.

TARGET SERVICE AREA: Duval County

LOCATION: Jacksonville, Florida

ADMINISTRATION FOR CHILDREN AND FAMILIES REGION: 4

CONGRESSIONAL DISTRICT SERVED: FL-004

BRIEF PROGRAM DESCRIPTION

PROGRAM DESCRIPTION: Family Support Services of North Florida, Inc. (FSSNF), the designated agency for child welfare services in Northeast Florida, is the lead agency for the Preserving Families and Protecting Children (PFPC) program. PFPC augments the Family Assessment Support Team (FAST) Voluntary Non-Judicial program by integrating substance use, mental health, and child welfare services to maximize efficiencies and improve outcomes for children from birth to age 5 and their families. PFPC services result in enhanced safety, well-being, and permanency of children; increased family functioning and stability; and increased adult recovery from substance use disorders. The service delivery model uses the guiding principles of the Strengthening Families Approach to provide family-centered services that recognize individual needs, builds on family strengths and protective factors, promotes optimal child development, and reduces the likelihood of child abuse and neglect. The FAST service array includes home visitation/case management provided by certified child welfare staff, parenting and behavior modification, in-home counseling, Family Team conferencing, anger management, use of standardized developmental screening tools to monitor the development of participating infants/children, substance misuse education and treatment, domestic violence advocacy/counseling, and other services and supports to meet the concrete needs of families. Enhanced services and interventions offered through this program include healthcare coordination to ensure that the health needs of children and families are being met in a timely fashion and that parent educators/advocates increase parent engagement/retention in services, strengthen parent-child relationships, and increase family functioning.

TARGET POPULATION: The target population is families with a child welfare investigation in Duval County in which substance use disorder is a factor and a child aged 0–5 in the home is deemed unsafe.

PROJECTED NUMBERS SERVED: FSSNF's PFPC program will serve 400 families over the 5-year grant period.

MAJOR PROGRAM GOALS

GOAL 1: Enhance the safety, well-being, and permanency of children.

GOAL 2: Increase family functioning and stability.

GOAL 3: Increase adult recovery from substance use disorders.

GOAL 4: Increase systems collaboration.

KEY PROGRAM SERVICES

- FAST-Home Visiting (by a trained home visitor/certified child welfare staff)
- Intervention FAST (iFAST) (In-home parent educator and health care coordinator)
- Family Team Conferencing
- Wraparound/Intensive In-Home Comprehensive Services
- Nurturing Parenting Program (including families in substance abuse treatment and recovery)
- Strengthening Families Program
- Child-Parent Psychotherapy
- Trauma-Informed Cognitive Behavioral Therapy
- Gateway Community Services Comprehensive Substance Use Disorder Treatment
- Motivational Enhancement Therapy
- Seeking Safety
- Center for Applied Sciences Model of Relapse Prevention Therapy
- Early Head Start
- Northeastern Local Early Steps
- Ability Housing
- Integrated Practice Team Staffing
- Family Team Conferences
- Birth to Age 3 Case Staffing
- Hubbard House (co-located domestic violence staff)
- Family Intervention Specialist (substance use disorder)

PARTNER AGENCIES AND ORGANIZATIONS

- Ability Housing
- Daniel Memorial
- Department of Children and Families
- Early Learning Coalition of Duval
- Gateway Community Services
- Hubbard House
- Jewish Family Services
- Lutheran Services Florida: Early Head Start
- Northeastern Local Early Steps
- University of South Florida, The Louis de la Parte Mental Health Institute

EVALUATION DESIGN

The grantee's local evaluation has three components: an impact study, a process study, and a partnership study. The grantee is also participating in the Regional Partnership Grants (RPG) cross-site evaluation studies of family and child outcomes, program implementation, and collaboration among RPG grantees and partners.

IMPACT STUDY DESIGN

The grantee is examining the impact of its RPG services using a randomized-controlled trial (RCT) and quasi-experimental design. In the RCT, the grantee is examining the impact of an enhanced version of the FAST Voluntary Non-Judicial diversion program among families with an investigation in Duval County for substance use-related child maltreatment who have a child aged 0–5 in the home who is deemed to be unsafe. The program group and the comparison group receive standard FAST services, which may include home visitation and case management; parenting and behavior modification through the Nurturing Parenting Program; in-home counseling; trauma-focused cognitive behavior therapy; family team conferencing; anger management counseling; monitoring of child development; substance use education; domestic violence advocacy and counseling; and other services that staff determine are needed for the family. The intensity and duration of FAST services are customized based on families' needs.

Members of the program group receive an enhanced version of FAST, referred to as intervention FAST (iFAST). With iFAST, in addition to standard FAST services, families receive support from an in-home parent educator/advocate and a healthcare coordinator. Members of the comparison group receive only the standard FAST services. The RCT includes 400 families, with 200 in the iFAST program group and 200 in the FAST comparison group. In the RCT, the grantee is examining the impacts in the following domains: permanency, safety, child well-being, family functioning, and recovery.

In the Quasi-Experimental Study (QED), the grantee is examining the impact of families receiving either FAST or iFAST. The program group will include families who receive either FAST or iFAST (these are the same 400 families who will be part of the RCT). The comparison group will include families with a child aged 0–5 with an investigation in Duval County for maltreatment due to parental substance use and who receive business-as-usual services through the dependency system. The QED will include 800 families, with 400 in the program group and 400 in the comparison group. In the QED, the grantee will examine impacts in the following permanency and safety domains.

Data sources for the RCT include administrative data and information collected by data collectors using standardized instruments. The QED will rely on administrative data. For the RCT, data will be collected three times for each family in both the program and comparison group: (1) when families begin services (baseline), (2) when each family ends services, and (3) 6 and 12 months after the end of services. Program staff will conduct data collection with standardized instruments for both groups at baseline and when the families end their iFAST or FAST services. The evaluation staff will conduct data collection for both groups at the 6-month follow-up time point.

PROCESS STUDY

In the process study, the grantee will examine whether the project reached its intended target population and whether the services provided met the needs of the target population, as well as the array of services provided, stakeholder perspectives on the quality of services, implementation fidelity, and the inputs to implementation (for example, organizational and contextual factors). Data sources include observations of planning calls and staff trainings; document reviews; case file reviews for families in the program and comparison groups; semi-structured interviews and focus groups with project leadership, staff, and stakeholders; and surveys of project leadership, staff, community partners, and families.

COLLABORATION STUDY DESIGN

In the partnership study, the grantee will document who is involved with the project's collaborative partnership and will examine how partners work together to carry out the project, how the relationships are established among partners, and how partners perceive progress toward project goals. Data sources include web-based surveys with project partners, observations of project partnership meetings, document reviews, and stakeholder interviews.

SUSTAINABILITY STRATEGIES AND ACTIVITIES

FSSNF will build on the evidence base for Preserving Families and Protecting Children and make sustainability an ongoing agenda item and subject of discussion and oversight at collaborative meetings. In addition, FSSNF uses a checklist and established set of guidelines and strategies for sustainability planning to measure the progress of necessary indicators to ensure long-term success.

FSSNF recognizes that a key to ensuring sustained funding upon grant completion is the ability to build the evidence base of the program by demonstrating the impact and effectiveness of the services employed so that the program meets the criteria established by the Family First Prevention Services Act.

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